

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number 49741.13.1

First Named Inventor ÖBERG et al

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR MEASURING PHYSICAL PROPERTIES OF THE TYMPANIC MEMBRANE

the specification of which *(Title of the Invention)*

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 06/11/2004 as United States Application Number or PCT International

Application Number PCT/SE2004/000907 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/SE2004/000907 0301718-3	WO SE	06/11/2004 06/13/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, A 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION – UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to:

☒ **Customer Number**

022859

OR ☐ Correspondence address
below**Name**

FREDRIKSON & BYRON, P.A.

Address

200 South Sixth Street, Suite 4000

City

Minneapolis

State

Minnesota

ZIP

55402

Country

USA

Telephone

(612) 492-7000

Fax

(612) 492-7077

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:☐ A petition has been filed for this unsigned inventor**Given name**

(first and middle [if any])

Åke

Family Name

or Surname

ÖBERG

**Inventor's
Signature****Date****Residence: City**

Ljungsbro

State**Country**

Sweden

Citizenship

Sweden

Mailing Address

Ugglebovägen 79

City

Ljungsbro

State**ZIP**

590 72

Country

Sweden

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor**Given Name**

(first and middle [if any])

Anders

Family Name

or Surname

JOHANSSON

**Inventor's
Signature****Date****Residence: City**

Norrköping

State**Country**

Sweden

Citizenship

Sweden

Mailing Address

Persgatan 148

City

Norrköping

State**ZIP**

602-30

Country

Sweden

☒ Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION – UTILITY OR DESIGN PATENT APPLICATION**NAME OF THIRD INVENTOR:**☐ A petition has been filed for this unsigned inventor**Given name
(first and middle [if any])**

Hans

**Family Name
or Surname**

KNUTSSON

**Inventor's
Signature****Date****Residence: City**

Linköping

State**Country**

Sweden

Citizenship

Sweden

Mailing Address

Egnahemsgatan 11

City

Linköping

State**ZIP**

582 47

Country

Sweden

NAME OF FOURTH INVENTOR:☐ A petition has been filed for this unsigned inventor**Given Name
(first and middle [if any])**

Magnus

**Family Name
or Surname**

BORGA

**Inventor's
Signature****Date****Residence: City**

Linköping

State**Country**

Sweden

Citizenship

Sweden

Mailing Address

Ringstorp, Jonsberg 1

City

Linköping

State**ZIP**

585 94

Country

Sweden

NAME OF FIFTH INVENTOR:☐ A petition has been filed for this unsigned inventor**Given name
(first and middle [if any])**

Tomas

**Family Name
or Surname**
STRÖMBERG**Inventor's
Signature****Date****Residence: City**

Linköping

State**Country**

Sweden

Citizenship

Sweden

Mailing Address

Allmögatan 62

City

Linköping

State**ZIP**

583 33

Country

Sweden

DECLARATION – UTILITY OR DESIGN PATENT APPLICATION**NAME OF SIXTH INVENTOR:**☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any])

Mikael

Family Name
or Surname

SUNDBERG

Inventor's
Signature**Date****Residence: City**

Linköping

State**Country**

Sweden

Citizenship

Sweden

Mailing Address

Repslagaregatan 41

City

Linköping

State**ZIP**

582 22

Country

Sweden

☐ Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.